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CONFIRMATION NO. 2850

<b>SERIAL NUMBER</b> 10/658,823	<b>FILING OR 371(c) DATE</b> 09/08/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 020014-013911US
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## APPLICANTS

Shawn DeFrees, North Wales, PA;

## \*\* CONTINUING DATA \*\*\*\*\*

OK B3

This application is a DIV of 09/577,120 05/23/2000 ABN which claims benefit of 60/136,150 05/24/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/28/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Shawn DeFrees</u> Initials <u>SD</u>				

## ADDRESS

20350

## TITLE

Glycosyltransferase inhibitors

<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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